

State: Arkansas
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002A Any Size Group - PPO
Product Name: Special Amendment
Project Name/Number: Amendment/34-155 9/12

Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage
Product Name: Special Amendment
State: Arkansas
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.002A Any Size Group - PPO
Filing Type: Form
Date Submitted: 09/17/2012
SERFF Tr Num: HLAD-128689141
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 34-155 9/12

Implementation: 10/01/2012
Date Requested:
Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
Reviewer(s): Donna Lambert (primary)
Disposition Date: 09/18/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
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Product Name: Special Amendment
Project Name/Number: Amendment/34-155 9/12

Filing Company: HMO Partners, Inc. d/b/a Health Advantage

General Information

Project Name: Amendment
Project Number: 34-155 9/12
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type:
Group Market Type: Employer
Filing Status Changed: 09/18/2012
State Status Changed: 09/18/2012
Created By: Evelyn Laney
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Arkansas is the state of domicile.
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Evelyn Laney

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find amendment 34-155 9/12 for your review and approval if indicated.

This amendment provides a waiver of the waiting period for laid off employees who were laid off for less than thirty (30) days. Coverage will be reinstated without lapse. This amendment was specifically designed for Booneville Community Hospital but can be used with any group with these same requirements.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the Evidences of Coverage to which this amendment is attached.

Please feel free to contact me at 378-2165 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst
320 West Capitol, Ste 211
Little Rock, AR 72201

exlaney@arkbluecross.com
501-378-2165 [Phone]
501-378-2975 [FAX]

Filing Company Information

HMO Partners, Inc. d/b/a Health Advantage	CoCode: 95442	State of Domicile: Arkansas
320 West Capitol	Group Code:	Company Type:
Little Rock, AR 72203-8069	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0747497	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

State: Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002A Any Size Group - PPO
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Retaliatory? No

Fee Explanation: \$50.00

Per Company: No

Company	Amount	Date Processed	Transaction #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	09/17/2012	62752050

State:	Arkansas	Filing Company:	HMO Partners, Inc. d/b/a Health Advantage
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/18/2012	09/18/2012

State:	Arkansas	Filing Company:	HMO Partners, Inc. d/b/a Health Advantage
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Disposition

Disposition Date: 09/18/2012
Implementation Date:
Status: Approved-Closed
HHS Status: HHS Approved
State Review: Reviewed-No Actuary
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

State:	Arkansas	Filing Company:	HMO Partners, Inc. d/b/a Health Advantage
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Form Schedule

Lead Form Number: 34-155 9/12							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/18/2012	34-155 9/12	CERA	Amendment	Initial:	41.900	34-155 9-12BoonevilleHosp. (30 days).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMENDMENT TO THE HEALTH ADVANTAGE EVIDENCE OF COVERAGE

The Health Advantage Evidence of Coverage is hereby amended to read as follows.

ELIGIBILITY STANDARDS, Subsection 6.2 is hereby amended to add the following new subsection.

Effective Date for Subscribers Rehired by Group. Subject to all other terms, conditions, exclusions and limitation of the Plan as set forth in this Evidence of Coverage, if a break in service due to lay off or termination of thirty (30) days or less occurs, then coverage may be reinstated without lapse. If employment is terminated for thirty-one (31) days or more, a new Waiting Period must be satisfied. Coverage will be effective the first of the Contract Month following the applicable rehire date.

This amendment becomes a part of the Health Advantage Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.



David F. Bridges, President
HMO PARTNERS, INC, d/b/a/ HEALTH ADVANTAGE
P.O. Office Box 8069, Little Rock, Arkansas 72203-8069

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/18/2012
Comments:	Please see attached.		
Attachment(s):			
Flesch Certification Form HA, 34-155 9-12.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/18/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/18/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/18/2012
Bypass Reason:	Not PPACA related.		
Comments:			

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form Nos. 34-155 9/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 41.9 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

Dail Brulje

Name

President
Title

September 17, 2012
Date